MUST BE SUBMITTED NO LATER THAN **DECEMBER 20, 2019**

CLAIM FORM INSTRUCTIONS

For Office Use Only

IMPORTANT -- All Settlement Class Members (i.e., individuals to whom the OhDAP Mailing was mailed, provided, or sent for delivery) who do not opt out of the Settlement will receive a minimum Base Payment of $400, regardless of whether you claim to have suffered financial or non-financial harm (as discussed below) or complete this form.

Only fill out this Claim Form if you claim to have suffered harm as a result of the OhDAP Mailing. Harm includes: (1) financial harm (meaning out-of-pocket expenses for which you have not been repaid or reimbursed) and (2) non-financial harm (such as emotional distress). If you did not suffer financial harm or non-financial harm, then you should not fill out this Claim Form.

If you decide to fill out this Claim Form, answer all questions honestly and accurately. To validly complete this Claim Form, you must:

1. Completely fill out Part I. Part I asks for basic information about you that will be used solely for purposes of processing your claim.

2. Completely fill out either or both of Part II and/or Part III, as applicable to you.

    a. Part II (Financial Harm) asks you to identify the out-of-pocket expenses for which you have not been repaid or reimbursed that you claim to have incurred as a result of OhDAP Mailing.
    b. Part III (Non-Financial Harm) asks you to identify the non-financial harm (like emotional distress) that you claim to have suffered as a result of the OhDAP Mailing.
    c. Please note that you may complete Part II or Part III or both depending on the harm you claim.

3. Completely fill out Part IV. By completing Part IV you are swearing or affirming that the information you have provided is true and correct to the best of your knowledge.

4. Attach all documentation of your alleged harm as requested below.

5. Timely submit your completed Claim Form and any requested documentation to the Settlement Administrator as set forth below.

YOU MUST SUBMIT YOUR COMPLETED CLAIM FORM BY DECEMBER 20, 2019 IN ORDER FOR IT TO BE CONSIDERED TIMELY.

You have several options for submitting this Claim Form:

1. Complete this Claim Form (you may also download a Claim Form from the Settlement Website using your Class Member ID or by contacting the Settlement Administrator). Then return the completed Claim Form along with any accompanying documents using the enclosed self-addressed stamped envelope. No postage is required if mailed from within the United States; ***or***

2. Complete the enclosed Claim Form, scan the completed Claim Form and any accompanying documents, and then upload those documents using the Settlement Website's HIPAA-complaint secure portal; ***or***

3. Complete the electronic version of the Claim Form on the Settlement Website and submit the electronic Claim Form, along with any accompanying documents, online through the Settlement Website's HIPAA-complaint secure portal. The Settlement Website is: www.ohioprivacysettlement.com.

In order to assure your privacy in filing a claim, you may use your Class Member ID with the accompanying Notice (or that was otherwise provided to you by the Settlement Administrator) -- You are NOT required to provide your name but can if you choose to do so. Additionally, if you choose to submit a claim online, it is recommended that you do not use an employer-based computer. It is also recommended that you use a secure internet connection to transmit your claim form in order to avoid any potential loss of privacy.

As explained above, there are several options for submitting your Claim Form and any accompanying documents. For your convenience we have included a self-addressed stamped envelope. If you choose to submit your Claim Form and accompany documents by mail but do not use the enclosed envelope, you must mail your completed Claim Form and any accompanying documents to the Settlement Administrator addressed as follows:

Settlement Administrator
PO Box 2240
Philadelphia, Pa 19103-2240

If you have any questions about this Claim Form, please call the Settlement Administrator toll-free at 1-833-253-8060. For additional information about the Settlement, please visit www.ohioprivacysettlement.com.

While Settlement Class Members are encouraged to submit valid claims, it is possible that payment of a submitted claim may impact your taxable income and/or your benefits under the OhDAP program. Your individual circumstances will vary. You should discuss this issue with your case worker or tax advisor if you have any questions.

PART I -- YOUR INFORMATION

All information you provide on this Claim Form will be kept strictly confidential by the Settlement Administrator and will not be used for any purpose other than administering this settlement.

[*OPTIONAL – NOT REQUIRED*] Name:_____

Class Member ID: 3 1 0 8 3 __ __ __ __ __ __ __ __

(located on the top of the Notice of Settlement you received with this Claim Form or as otherwise provided to you by the Settlement Administrator)

Street: _____

City: _____ State: ___ ___ Zip:___ ___ ___ ___ ___

Phone: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___

Email:_____@_____._____

It is your responsibility to let the Settlement Administrator know if your mailing address changes at any time before you receive a Settlement payment or if you want future mail sent to a different mailing address.

PART II -- FINANCIAL HARM

Please list and provide an itemization below of all out-of-pocket expenses you claim you incurred as a result of the OhDAP Mailing for which you are seeking reimbursement pursuant to this Settlement. Do not include any expenses for which you have already been repaid or reimbursed. For each expense listed, **you must attach and return to the Settlement Administrator the corresponding receipt, invoice, credit card statement, medical record, insurance record, copy of returned check, or other reasonable form of evidence documenting that you made each payment listed below**. If you need more room, please continue the list on a separate sheet of paper and return it to the Settlement Administrator along with this Claim Form and the required documentation.

Specific description of each non-reimbursed out-of-pocket expense for which you are requesting reimbursement	Date of the expense	Dollar amount of the specific expense
1.)	__ __ /__ __/__ __ __ __	$_____.____
2.)	__ __ /__ __/__ __ __ __	$_____.____
3.)	__ __ /__ __/__ __ __ __	$_____.____

4.)	__ __ /__ __/__ __ __ __	$_____.____
Total Amount Claimed		$_____.____

Please note that your attached documentation may include your name or other personal information. This information will be treated confidentially and only used for purposes of administering the Settlement.

PART III – NON-FINANCIAL HARM

If you claim to have suffered non-financial harm as a result of the OhDAP Mailing, you are also eligible to receive a monetary award based upon your answers to the questions below. Please carefully review and answer each question below in detail. If the question does not apply to you, please leave the answer blank or write "not applicable." By submitting this form, you are certifying that each answer you provide below is true and correct to the best of your knowledge.

ANSWER EACH QUESTION BELOW IN DETAIL OR LEAVE IT BLANK IF IT IS NOT APPLICABLE
1. If someone other than you received your mail the day the OhDAP Mailing arrived, please explain in detail the circumstances and your relationship to the person(s) that received your mailing (for example, your roommate, parents, co-workers).
2. If the OhDAP Mailing was delivered to a residence or post office box that was not yours, please explain in detail the circumstances including how you came to know of this.
3. If as a result of the OhDAP Mailing, one or more people learned of your medical condition, please explain in detail the circumstances including and your relationship to the person(s) (for example, your roommate, parents, co-workers).

4. If as a result of the OhDAP Mailing, you felt forced to explain to someone for the first time of your medical condition, please explain in detail the circumstances including by identifying your relationship to the person(s) that you felt forced to talk with.
5. If as a result of the OhDAP Mailing, your medical condition has become known to your employer in a way that was not caused by you, or has affected your employment, please explain in detail the circumstances.
6. If as a result of the OhDAP Mailing, one or more of your important relationships has been damaged, such as that you have been treated differently, harassed, threatened and/or shunned by family, friends, roommates, neighbors, landlords, or others please explain in detail the circumstances and identify the relationship(s) that has been damaged, and how.
7. If as a result of the OhDAP Mailing, you or your family have sought and received medical or mental health treatment, including counseling, please explain in detail the circumstances and how many counseling sessions or visits have occurred.
8. If as a result of the OhDAP Mailing, you have experienced repeated episodes of any of the following: trouble sleeping, anxiety, stress, anger, panic attacks, loss of appetite, loss of trust, and/or depression, please explain in detail the circumstances.

9. If as a result of the OhDAP Mailing, you had to change residences, please explain in detail the circumstances, and provide your old and new address, and the reason(s) you moved.
10. If as a result of the OhDAP Mailing, you suffered any additional non-financial harm that is not covered by any of the above questions, please explain in detail the circumstances.

PART IV – CERTIFICATION

I swear or affirm that the foregoing is true and correct to the best of my knowledge.

Class Member ID: _____ Date: ___ ___ / ___ ___ / ___ ___ ___ ___

REMINDER CHECKLIST BEFORE YOU SUBMIT THIS CLAIM FORM

1. Make sure that you fully completed Part I -- Claimant Information. Reminder: All information must be provided ***except*** your name – you may provide your name, but your name is **NOT REQUIRED** to receive benefits under this Settlement.
2. Make sure that you fully completed either or both of Part II and Part III as applicable to your personal situation.
3. Make sure that you completed the Certification in Part IV.
4. Make sure you submit your claim in accordance with the deadline set out above and make sure to include a copy of all required documentation requested above.
5. Make sure that you retain a copy of this Claim Form and your supporting documentation for your records.